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BK0360PG0030

STATE MS. - DESOTO CO.  
FILED *ew*

SEP 24 12 17 PM '99

## WARRANTY DEED

BK 360 PG 30  
W.E. DAVIS CH. CLK.

THIS WARRANTY DEED made and entered into this day by and between ANNA LOUISE FLOYD, a single woman, who acquired title as Anna Louise Clarkson, Grantor, and SHERI T. TERRELL, a single person, Grantee,

## WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

*West J.J.*

Lot 23, Creekwood Subdivision, in Section 30, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 39, Page 13, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

c:\property\wd

STATE MS. - DESOTO CO.  
FILED *OB*

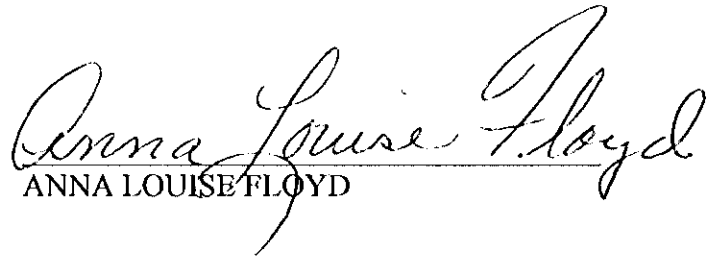
OCT 13 1 44 PM '99

BK 361 PG 111  
W.E. DAVIS CH. CLK.

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

BY WAY OF EXPLANATION, Anna Louise Floyd acquired title as Anna Louise Clarkson. Ms. Clarkson subsequently married Michael Lee Floyd, who passed away on February 4, 1999, a copy of the death certificate is attached as Exhibit "A" to this deed. Michael Lee Floyd's only interest in subject property would have been homestead.

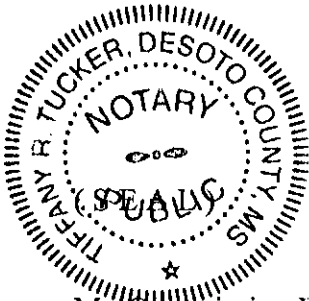
IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 21st day of September, 1999.

  
ANNA LOUISE FLOYD

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, ANNA LOUISE FLOYD, a single woman, who acknowledged that he/she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 21st day of September, 1999.



My Commission Expires:

09-12-01

Tiffany R. Tucker  
NOTARY PUBLIC

ADDRESS OF GRANTOR:

1180 Custer Dr. E.  
Southaven, MS 38671  
Home: 662-342-0017  
Work: 901-348-3607

ADDRESS OF GRANTEE:

461 BLAIR  
SOUTHAVEN, MISSISSIPPI 38671  
Home: (901) 396-1764  
Work: (901) 397-3951

PREPARED BY AND RETURN TO:

HOLCOMB DUNBAR, P.A.

P. O. BOX 190

SOUTHAVEN, MS 38671-0190

(601) 349-0664

FILE# 899824/STD

# STATE OF MISSISSIPPI

BK 0361PG0033

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

EXHIBIT

BK 0361PG0114

TYPE OR PRINT  
WITH BLACK INK

FILING  
DATE

FEB 22 1999

### CERTIFICATE OF DEATH

STATE FILE  
NUMBER 123-

DECEASED

1. NAME First Middle Last <b>MICHAEL LEE FLOYD</b>	2 SEX <b>MALE</b>	3a HOUR OF DEATH 3b DATE OF DEATH (Month Day Year) <b>1:28P FEBRUARY 4, 1999</b>
4 RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a AGE AT LAST BIRTHDAY <b>51</b> Years	5b MOS 5c DAYS 5d HOURS 5e MINS <b>17-B</b>
6 DATE OF BIRTH (Month Day Year) <b>FEB. 23, 1947</b>	7a COUNTY OF DEATH <b>DESOTO</b>	
7b CITY OR TOWN OF DEATH <b>SOUTHAVEN</b>	7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either give street address, route number or other location) <b>BAPTIST DESOTO HOSPITAL</b>	7d IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM OR DOA <b>EMERGENCY ROOM</b>
8 STATE OF BIRTH <b>MISSOURI</b>		
9 DECEASED'S EDUCATION (Specify only highest grade completed) <b>High School</b>	10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>ANNA WHEELER</b>
12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>YES</b>		
13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	14 SOCIAL SECURITY NUMBER <b>488-48-9001</b>	15a USUAL OCCUPATION (Kind of work done most of working life) <b>ACCOUNT MANAGER</b>
15b KIND OF BUSINESS OR INDUSTRY <b>KIMBERLY CLARK CORP.</b>		
16a RESIDENCE—STATE <b>MISSISSIPPI</b>	16b COUNTY <b>DESOTO</b>	16c CITY OR TOWN <b>SOUTHAVEN</b>
16d INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	16e STREET AND NUMBER OR RURAL LOCATION <b>1180 CUSTER DR. EAST</b>	

PARENTS

7 FATHER—NAME First Middle Last <b>WILBUR L. FLOYD</b>	8 MOTHER—NAME First Middle Maiden <b>LORENE TINKER</b>
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INFORMANT

9a INFORMANT—NAME (Type or print) <b>ANNA LOUISE FLOYD</b>	9b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1180 CUSTER DR. EAST - SOUTHAVEN, MS. 38671</b>
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DISPOSITION

20a BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	20b CEMETERY, CREMATORY—NAME <b>FOREST HILL SOUTH CEM.</b>	20c LOCATION (City and State) <b>MEMPHIS, TN.</b>	21a EMBALMER—SIGNATURE AND NUMBER <b>WES KIRKPATRICK TN#4939</b>
21b FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER <b>FOREST HILL SOUTH FUNERAL HOME</b>	21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 E. HOLMES RD., MEMPHIS, TN. 38118</b>		

PRONOUNCEMENT

22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Robert Turner, M.D.</b>	22b PRONOUNCED DEAD (Month, Day, Year) <b>ON Feb. 4, 1999</b>	22c PRONOUNCED DEAD (Hour) <b>AT 1:28P</b>
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CERTIFIER

23a CERTIFIER—NAME (Type or print) <b>JEFFREY POUNDERS, CORONER</b>	23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 POUNDERS RD., NESBIT, MS. 38651</b>
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE 24b. DATE SIGNED (Month Day Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE 24f. TITLE 24g. DATE SIGNED (Month Day Year)

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) <b>ASCD (Myocardial Infarction)</b>	Interval between onset and death
(b) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)	Interval between onset and death
(c) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)	Interval between onset and death
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	
27. AUTOPSY (Yes or No) <b>NO</b>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION	Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

**F. E. Thompson Jr. MD**  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

**Nita Cox Gunter**  
Nita Cox Gunter  
STATE REGISTRAR

FEB 23 99

WARNING:

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